

## Health Examination Record

The State of Illinois requires all new school personnel to present evidence of freedom from communicable disease. Such evidence shall consist of a physical examination, made not more than 90 days prior to employment, a T.B. test, also given no more than 90 days prior to employment. The T.B. test must include the date test is given, the date it is read, and the results. The Physical Examination must include all this information to be acceptable for employment.

Mr. \_\_\_\_\_  
Name Mrs. \_\_\_\_\_ Address \_\_\_\_\_  
Miss \_\_\_\_\_  
Phone No. \_\_\_\_\_ Employed As \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

### REPORT OF PHYSICAL EXAMINATION

1. General physical appearance: \_\_\_\_\_
2. Vision: Right eye 20/ \_\_\_\_\_ Correctable to 20/ \_\_\_\_\_  
Left eye 20/ \_\_\_\_\_ Correctable to 20/ \_\_\_\_\_
3. Hearing: Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_ Nose and Throat: \_\_\_\_\_
4. Teeth: \_\_\_\_\_ Heart: \_\_\_\_\_ Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_
5. Skin \_\_\_\_\_ Hernia \_\_\_\_\_ Varicose Veins \_\_\_\_\_
6. Respiratory System: Lungs \_\_\_\_\_  
Tuberculin Test: Date \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ (TB test must be within 90 days of employment)  
If positive, result of x-ray \_\_\_\_\_ Date of x-ray \_\_\_\_\_ (Must be within 90 days of employment).
7. Urinalysis: Reaction \_\_\_\_\_ Specific Gravity \_\_\_\_\_ Sugar \_\_\_\_\_ Albumen \_\_\_\_\_  
Pus \_\_\_\_\_ Blood \_\_\_\_\_ Casts \_\_\_\_\_
8. Please give full description of any physical disability not herein included:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I have examined the above named person and that to the best of my judgment said person is physically qualified to perform the required duties of the above mentioned position.

Date of Exam \_\_\_\_\_ Signed \_\_\_\_\_ M.D.  
City and State \_\_\_\_\_